

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10-505288

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.

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TOTAL	1	2	3	4	5	6
TOTAL	8	9	10	11	12	13
TOTAL	9	10	11	12	13	14

APPLICANT(S)

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.

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TOTAL	1	2	3	4	5	6
TOTAL	9	10	11	12	13	14
TOTAL	9	10	11	12	13	14